



## Medical Necessity Criteria for Nasal Corticosteroids

### Drug Class – Nasal Corticosteroids

**Background** – After evaluating the relative clinical and cost effectiveness of the Nasal Corticosteroids, the DoD P&T Committee recommended that the following medications be designated as non-formulary under the Uniform Formulary. This recommendation has been approved by the Director, TMA.

**Effective Date:** 19 Dec 2007, 8 April 2009, 5 October 2011

- Beclomethasone (Beconase AQ)
- Budesonide (Rhinocort AQ)
- Ciclesonide (Omnaris)
- Triamcinolone (Nasacort AQ)
- Veramyst (Fluticasone Furoate)

Patients currently using nonformulary Nasal Corticosteroids may wish to ask their doctor to consider a formulary alternative.

### Special Notes:

1. Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

### Medical Necessity Criteria for Nasal Corticosteroids

The non-formulary cost share for Beconase AQ, Nasocort AQ, Rhinocort Aqua, Veramyst or Omnaris may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. Use of ALL of the following formulary nasal corticosteroids is contraindicated: fluticasone propionate, Nasonex, and flunisolide.
2. The patient has experienced significant adverse effects (e.g. persistent epistaxis, pharyngitis, or significant nasal irritation) from ALL of the following formulary nasal corticosteroids: fluticasone propionate, Nasonex, and flunisolide.
3. Use of ALL of the following formulary nasal corticosteroids has resulted in therapeutic failure: fluticasone propionate, Nasonex, and flunisolide.

*Criteria approved through the DoD P&T Committee process November 2008, May 2009*

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# TRICARE Pharmacy Program Medical Necessity Form for Nasal Corticosteroids



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This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- **Flunisolide (Nasarel and generics), fluticasone propionate (Flonase and generics), and Nasonex (mometasone) are the formulary nasal corticosteroids on the DoD Uniform Formulary.** Beconase AQ (beclomethasone), Nasacort AQ (triamcinolone, generics), Omnaris (ciclesonide), Rhinocort Aqua (budesonide), and Veramyst (fluticasone furoate) are non-formulary, but available to most beneficiaries at the non-formulary cost share.
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication instead of a formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover a non-formulary medication for Active duty service members unless it is determined to be medically necessary instead of a formulary medication. If a non-formulary medication is determined to be medically necessary, it will be available to Active duty service members at no cost share.

<b>MAIL ORDER and RETAIL</b>	<ul style="list-style-type: none"><li>• The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li><li>• The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email the form only to: TpharmPA@express-scripts.com</b></li></ul>	<b>MTF</b>	<ul style="list-style-type: none"><li>• Non-formulary medications are available at MTFs only if <b>both</b> of the following are met:<ul style="list-style-type: none"><li>○ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.</li><li>○ The non-formulary medication is determined to be medically necessary.</li></ul></li><li>• Please contact your local MTF for more information. There are no cost shares at MTFs.</li></ul>

## Step 1 Please complete patient and physician information (Please print):

<b>1</b>	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID # _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

## Step 2 Please indicate which medication is being requested:

**2** ☐ Beconase AQ ☐ Nasacort AQ ☐ Omnaris ☐ Rhinocort Aqua ☐ Veramyst

**Please explain why the patient cannot be treated with the formulary medications. Circle a reason code if applicable. You MUST supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.**

Formulary Medication	Reason	Clinical Explanation
Flunisolide nasal spray	1 2 3	
Fluticasone propionate (Flonase, generics)	1 2 3	
Nasonex (mometasone)	1 2 3	

Acceptable clinical reasons for not using a formulary medication are:

1. Use of the formulary agent is contraindicated.
2. The patient has experienced significant adverse effects from the formulary agent.
3. Trial of the formulary agent has resulted in therapeutic failure.

## Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

<b>3</b>	Prescriber Signature _____	Date _____
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